## L17000060124

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



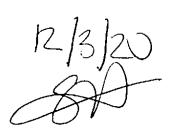


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## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: 211		AVe 306	LLC.
	Name of Limit	ed Liability Company	··
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Lir	Name of Person	<u> </u>
		Firm/Company	
	6/01 01	COUYT LOC	ed Apt 239B
	Boca L	aton, FL City/State and Zip Code	33433
	E-mail address: (to	be used for future annual report notif	ication)
For further information con	cerning this matter, please cal	11:	
Liron Name of P		at (6) 6) 591 Area Code Daytime	- 892-3 : Telephone Number
Enclosed is a check for the	following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ction	Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

211 NE 8+h	AVE	306	LLC.	
(Name of the Limited Liabilit (A Florida	ty Company as it no Limited Liability Co	w appears on ou ompany)	r records.)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number <u>L170006013</u>	ompany were file	ed on <u>3//</u>	6/2017	_ and assigned
This amendment is submitted to amend the following:				POT T
A. If amending name, enter the new name of the limi	ited liability com	<u>pany here</u> :		FILED PH
The new name must be distinguishable and contain the words "Lim	ited Liability Compa	ny," the designati	, 1	eviation "L.E.C."
Enter new principal offices address, if applicable:	-61	pl_0/a	Court	Load
(Principal office address MUST BE A STREET ADDR	ESS) AF	cala	390 on, FL	33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21° # Bo	2-18 S 648 Ica Ra	t. Andr	ews BLVD L. 33433
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address o	on our records	, enter the name	of the new registered
Name of New Registered Agent:	MANAGEN	Jenn	ifer r	neller
New Registered Office Address: 6/	01 old	COUY+ Enter Florida stre	load	AP+#2391
Bo	oca Raj	CM	, Florida	33433 Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** Liron meller 12 swayzest. MGR AMBR Liron meller □ Change AMBR Jennifer mellor 6101 old court Road WAD AP+ 239B Boca Lecton FL 33433 OChange alol old court Road wad MGB Jehnifer meller APT 239 B Boa laton FL 33433 OChange □Add □Remove □ Change  $\square$ Add ☐ Remove

□Change

. It ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff Note:	tive date, if other than the date of filing:	17 (3 is th
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.	3
Dated	(10/10/20) 10th 2020.	
	Signature of a member or authorized representative of a member	
	Liron meller	

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DUI D COCOO